(e) Many member drugs of the same therapeutic family are required by the medical practitioner who decides to select one of them after detailed examination of the patient. Under the same therapeutic family, different member drugs suit different patients for getting maximum relief/cure. This concept has also been recognised by the WHO while identifying list of essential drugs.

Non-availability of cautionary note in drug packets

1747. SHRI RAJNI RANJAN SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that cautionary note is not being provided in the drug packets being marketed in our country which have been withdrawn in many other countries due to serious side effects;

(b) whether Governent have made any survey in this regard;

(c) if so, when and what were its findings;

(d) whether it is a fact that many drugs have been allowed for marketing without such indications;

(e) if so, what are the reasons for allowing to continue the use of these drugs without the warning; and

(f) the names of the medical experts consulted in the matter and what are the details of opinion expressed by each expert?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) It is not a fact that necessary cautionary note or containdication is not being given for those drugs which have been withdrawn in some counries and continue to be marketed in India.

(b) and (c) Time to time surveys have revealed that necessary cautionary note and contra-indications are being given for these drugs.

(d) No, Sir. Whenever precautionary statement is considered necessary direction is given to incorporate such precaution.

(e) Does not arise.

(f) Expert bodies like Indian Council of Medical Research, Indian Medical Association, Indian Diabetic Association and experts belonging to concerned disciplines are consulted for allowing continued marketing of these drugs.

Misuse of airport entry tickets

1748. SHRI SURESH PACHOURI: Will the Minister of CIVIL AVIATION be pleased to state:

(a) whether Government's attention has been drawn to the news item which appeared in the Hindustan Times dated 10th December, 1986 under the caption 'Getting rich by recycling airport entry tickets';

(b) if so, what are the details thereof;

(c) whether any action has so far been taken against any of the officers posted at the airport, and if so, what are the details in regard thereto; and

(d) what further action is contemplated in the matter to stop the said malpractice?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION (SHRI JAGDISH TYTLER): (a) Yes, Sir.

(b) In the recent past, two cases of recycling of entry tickets came to notice of the International Airports Authority of India at Delhi Airport.

(c) In the first case, the suspected official has been placed under suspension pending a fomal enuiry and in the second case the concerned officials has been administered a written warning with a copy endorsed in his C.R. dossier.

(d) Measures such as frequent surprise checks, rotation of officials at gates/ticket counters, shift-wise compilation of

old tickets, advice to visitors through CCTV to retain entry tickets, regular monitoring of sold tickets, vigilance checks by headquarter staff etc. have been initiated to minimize possible recycling of tickets.

Aircrafts utilised by Vayudoot

1749. SHRI ALADI ARUNA *alias* V. ARUNACHALAM: Will the Minister of CIVIL AVIATION be pleased to state:

(a) the number of aircrafts are being utilised in the Southern sector under Vayudoot service; and

(b) what is their utilisation per day?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION (SHRI JAGDISH TYTLER): (a) Vayudoot has deployed two Dornier-228 aircraft for operation of its services in the Southern region.

(b) The average utilisation per day of these aircraft in the Southern region is 9 hours 50 minutes which includes night air mail operations also.

Annual allocation of Budget for research to the AIIMS

1750. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what on an average is the annual allocation made to the AIIMS and other Medical Research Centres in the country and what percentage of the allocation is spent by each of these Research Centres;

(b) whether it is a fact that most of the research work undertaken by the AIIMS is on collaboration basis with certain countries whose influence in a big way on the areas to be chosen for research having relatively less importance to the needs of the Indian people;

(c) if so, what are the reasons therefor stating the major areas of research undertaken by the AIIMS having relevance and needs of the country's masses so far stating the research work published; and

(d) whether Government propose to formulate a policy with regard to the areas of research according to the needs of the country, if so, what steps have been taken by Government in this direction?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) On an average a sum of Rs. 9 lakhs is provided for Research purposes at the AIIMS, New Delhi. In respect of other Medical Research Centres, the Indian Council of Medical Research allocate provisions to various Research Centres according to their requirements and within the financial allocation made to the ICMR. During 1985-86, the actual Plan and non-Plan expenditure of ICMR is about Rs. 3,822 lakhs.

(b) No, Sir.

(c) The major areas of research undertaken by AIIMS which are relevant to the needs of the country are malnutrition, Goitre, Malaria, Tuberculosis, Filaria, Leprosy Human Reproduction, Water Borne diseases etc. The research work carried out by the Institute is published in its annual reports.

(d) The research programmes formulated and carried out by the ICMR are largely in accordance with planned priorities in areas of relevance to the country's health needs. These programmes are discussed by duly constituted bodies of the ICMR on which the representatives of the Ministry of Health and Family Welfare are also represented.

Incidence of polio in Bihar

1751. SHRI S. S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what are the details regarding increase in the number of polio cases in the State of Bihar particularly in the areas where Scheduled Castes and Scheduled Tribes are living; and